

## PROVIDER REIMBURSEMENT

### GENERAL SUBMISSION GUIDELINES

The Ryan White Title II CARE Program reimburses eligible providers based on the Medicaid rate unless contracted at a varying rate agreed on between the program and the provider. Reimbursement for services will only be made for those clients actively enrolled in the Ryan White CARE Program.

These general submission guidelines are a requirement of all claims. Once claims are received, they are assessed based on these criteria before being processed for reimbursement. The following criteria must be utilized in order to process reimbursement for claims submitted:

- Generated on a standard HCFA-1500, RRB-1500, OWCP-1500 or Provider generated invoice document;
- Indicate the following information:
  - Client Participant Number and/or Name;
  - Date of Service(s);
  - CPT Code, NDC Number and/or Detailed Explanation of Services Rendered;
  - Pre-authorization Number (for medication only);
  - Copy of pre-authorization letter (for services other than medications needing prior authorization);
  - Prescription number (for medication only)
- Submitted within **90-days** of the date of service, unless otherwise authorized by the Title II Director(s).

If any of this information is not included on/with the claim, the claim will be returned for insufficient information and may be subject to denial. Any claims submitted **after 90-days** may be subject to denial unless processed through a third party. Claims being processed through third-party payor sources (such as private insurance) are waived to 120-days.

Claims must be sent to the following address:

Kansas Department of Health and Environment, BEDP  
Attn: Ryan White Title II CARE Program [CONFIDENTIAL]  
1000 SW Jackson, Suite 210  
Topeka, KS 66612-1274

In order to ensure the confidentiality of our enrollees, "**CONFIDENTIAL**" must be stamped on any envelope containing client-identifying information. Although this measure does not guarantee 100% confidentiality, it does reduce the likelihood of any breaches in confidentiality.

### PRIOR AUTHORIZATION

Prior authorization of services **ONLY PERTAINS TO THE FOLLOWING SERVICES:**

Dental Services .....	Any services not listed in pricing list; and/or Any services totaling over \$200.00
Mental Health Services .....	All visits after initial visit
Substance Use Services .....	All visits after initial visit

## DENIAL FOR SERVICES

When a claim is denied for payment, a denial letter will be sent to the provider with the reason(s) for the denial. Below are listed common situations for which services **ARE NOT** covered under the Ryan White Title II CARE Program.

- Service(s) provided by a provider who **does not** have a current agreement with the Ryan White Program;
- Service(s) requiring preauthorization that are not authorized prior to time services were rendered;
- Service(s) NOT related to an HIV or AIDS diagnosis
- Service(s) provided to a client **not** enrolled in the program at the time services were rendered;
- Claims submitted **after 90 days** of date of service;
- Service(s) administered on an inpatient basis or in an emergency room; or
- Service(s) submitted where there is another primary payee.

If there are questions regarding invoices, payments or denials of payment,  
contact the Ryan White Title II CARE Program Claims Specialist in Topeka at (785) 368-6567.